

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-68-045163

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 144

STATE FILE NUMBER

FILED MAY 6 1963

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Fulton

Length of stay in 1b.

2 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Callaway Mem. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Callaway

c. CITY

OR TOWN Fulton

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Route # 4

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last Charles William Connell

4. DATE OF DEATH

Month Day Year

April 28 1963

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-24-16

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attendant

10b. KIND OF BUSINESS OR INDUSTRY

State Hospital

11. BIRTHPLACE (City and state or country)

Mc Credie, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Connell

13b. MOTHER'S MAIDEN NAME

Mary Belle Epperson

14. NAME OF HUSBAND OR WIFE

Lessie Connell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or date)

no

16. SOCIAL SECURITY NO.

77

17. INFORMANT

Mrs. Charles Connell, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pancreatic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1961

to Death

and last saw her alive on 4-28-63

Death occurred at

10 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

George A. Proctor, M.D.

22b. ADDRESS

Fulton, Mo.

22c. DATE SIGNED

5/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-30-63

23c. NAME OF CEMETERY OR CREMATORY

Richland Baptist

23d. LOCATION (City, town, or county)

Callaway County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Maurin Funeral Home, Fulton, Mo.

25. DATE RECD. BY LOCAL REG.

May 4-1963

26. REGISTRAR'S SIGNATURE

Martha Lawrence

E961 2 I NNC

MAR 2 1964

MAR 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.